



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John M. Williams

Application No.: 10/719,055 Group: 1614

Filed: November 21, 2003 Examiner: Shirley V. Gembeh

Confirmation No.: 9135

For: INHIBITION OF CHRONIC TISSUE TRANSPLANT REJECTION

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
8-13-07	<i>Jennifer Torpey</i>
Date	Signature
<i>Jennifer Torpey</i>	
Typed or printed name of person signing certificate	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

					SMALL ENTITY		OTHER THAN SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE		
TOTAL	28	MINUS	* 26	2	X \$25	\$		X 50	\$ 100		
INDEP	7	MINUS	** 5	2	X \$100	\$		X \$200	\$ 400		
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$180	\$		+	\$360	\$
					TOTAL = \$ 0			TOTAL = \$ 500			

\* not fewer than 20  
\*\* not fewer than 3

**The Application Size Fee has been calculated as shown below:**

*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [ ] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$125	\$[ ]	X \$250	\$[ ]	

### Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the Office Action dated April 11, 2007 for one month from July 11, 2007 to August 11, 2007. The appropriate fee is set forth below.
- ☐ *[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

**A check is enclosed in payment of the following fees:**

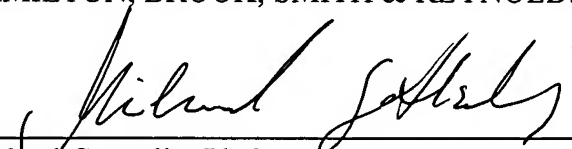
<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$	120.00
<input checked="" type="checkbox"/>	Claims Fee	\$	500.00
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	620.00

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By

  
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Dated:

8/13/2007